STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 1 0 2017

PLEASE PRINT	MENALLANAROLUBE
I. Name of Lobbyist(s) Joseph Cohn	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATIO	AL CENTER
(Name of partnership, firm or corporation)	N CPICE
510 WALLES STREET GUTEREDO PULLANCIAVIA PA	19106
Business Address: (Street) STREET, SUITERS O PHILADELPHIA PA	(Zip Code)
(vr) 717-3473 (215) 717-3440 e-mail joel	the fice org
III. This statement covers: (Choose one – file separate reports for each client, OR you reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
FOUNDATE , FOR THANK OUR PICKET INFORCATION (F)	V & \
FOWDARD FOR TNDIVIDUAL RIGHTS INEDUCATION (FI.	
<u>OR</u>	
!! All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbyist unrelated to any particular client.	ing firm listed below which are
IV. Date of Report April 26, 2017 July 26, 2017	
Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/	17
October 25, 2017	
V. There have been no fees received and no reportable transactions made since If this box is checked, complete just this form and submit it to the Secretary of State's Office Concord, NII 03301.	
VI. Check if additional reports are attached:	
11 If you have received fees or made expenditures, you must file Addendum A- Fees and	Expenses
11 If you have paid an honorarium or reimbursed expenses, you must file Addendum B —Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Adden	dum C– Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief.	
(Signature of lobby 1) (Signature of lobby 1) (Brist Name of lobby 1)	Date)
Jose W (OHN (Print Name of lobbyist)	